

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

IA ETHICS AND
CAMPAIGN DISCLOSURE DD.

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

2009 JAN 15 AM 11:15

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A. MAURO

IMPORTANT: Indicate by # type of committee you are reporting for:

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

MICHAEL A. MAURO

Political Party (if applicable)

DEMOCRAT

District (if Senate or House)

Office Sought
SECRETARY OF STATE

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

5114

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A JANUARY 19, 2009

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 2

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

28,344.18

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

26,500.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

54,844.18

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

7,074.11

Schedule F: Loan Repayments total (Attach Schedule F)

47,770.07

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

2,500.00

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Michael A. Mauro

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
3.19.08	ID# CK#	Linda Langenberg 140 Partridge Ave. Marion, IA 52302		\$250.00	<input checked="" type="checkbox"/>
6.9.08	ID# CK#	Michael Gartner 100 Market St. Unit 515 Des Moines, IA 50309		3000.00	<input checked="" type="checkbox"/>
8.1.08	ID# CK#	Angelo Palmer 405 E Miller Ave. Des Moines, IA 50315		25.00	<input checked="" type="checkbox"/>
8.1.08	ID# CK#	Sam Colacino 705 SE Virginia Des Moines, IA 50315		50.00	<input checked="" type="checkbox"/>
8.1.08	ID# CK#	Mark Smith 2917 Twana Dr Des Moines, IA 50310		100.00	<input checked="" type="checkbox"/>
8.1.08	ID# CK#	Bob Rice 821 E Miller Des Moines, IA 50315		100.00	<input checked="" type="checkbox"/>
8.1.08	ID# CK#	Raymond Dipaglia 4500 Merle Hay Rd Des Moines, IA 50310		150.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 3675.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A. MAURO

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8.5.08	ID# CK#	PHILIP DORWEILER 5766 GALLERY COURT WDM, IA 50266		\$20.00	<input checked="" type="checkbox"/>
8.5.08	ID# CK#	DARLENE CLARK 1500 - 41ST PL DES MOINES, IA 50311		75.00	<input checked="" type="checkbox"/>
8.5.08	ID# CK#	HAROLD BUTZ 1500 41ST PL DM, IA 50311		75.00	<input checked="" type="checkbox"/>
8.5.08	ID# CK#	VINCENT DEANGELIS 3812 SW 32ND ST DM, IA 50321		75.00	<input checked="" type="checkbox"/>
8.5.08	ID# CK#	CHARLES HANSON 300 WLANUT 45 DM, IA 50309		100.00	<input checked="" type="checkbox"/>
8.5.08	ID# CK#	MARK MCCORMICK 4331 GREENWOOD DR DM, IA 50312		100.00	<input checked="" type="checkbox"/>
8.5.08	ID# CK#	HARRY BOOKEY 400 LOCUST ST SUITE 790 DM, IA 50309		100.00	<input checked="" type="checkbox"/>
8.5.08	ID# CK#	JAMES MALONEY 3940 RIVER OAKS DR DM, IA 50312		150.00	<input checked="" type="checkbox"/>
8.5.08	ID# CK#	NEAL SMITH 300 WALNUT ST. UNIT 90 DM, IA 53009		150.00	<input checked="" type="checkbox"/>
8.5.08	ID# CK#	JAMES A. COGGI 1243 - 8TH ST WDM, IA 50265		300.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 1145.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A. MAURO

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
8.7.08	ID# CK#	JACQUELINE EASLEY 3113 SOUTHERN HILLS DR DM, IA 50321		\$25.00	<input checked="" type="checkbox"/>
8.7.08	ID# CK#	MICHELLE BUNKERS 4620 SE 34TH ST. DM, IA 50320	NIECE	50.00	<input checked="" type="checkbox"/>
8.7.08	ID# CK#	RANDY RIPPERGER 623 W WASHINGTON ST WINTERSET, IA 50273		100.00	<input checked="" type="checkbox"/>
8.7.08	ID# CK#	MARILYN SPINA 2645 E OVID DES MOINES, IA 50317		100.00	<input checked="" type="checkbox"/>
8.7.08	ID# CK#	MATTHEW BRICK 12310 TOWNSEND URBANDALE, IA 50322		150.00	<input checked="" type="checkbox"/>
8.7.08	ID# CK#	JAMES CARNEY 400 HOMESTEAD BLDG 301 LOCUST ST DM, IA 50309		200.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 625.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A. MAURO

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8.9.08	ID# CK#	BONIFACIO CHACON 607 MAISH AVE DM, IA 50315		\$25.00	<input checked="" type="checkbox"/>
8.9.08	ID# CK#	LOIS DAVIS 5221 VILLAGE RUN AVE. UNIT 501 DM, IA 50317		25.00	<input checked="" type="checkbox"/>
8.9.08	ID# CK#	CONSTANCIA SCHNOEBELEN 4061 SW 31ST ST. DM, IA 50321		25.00	<input checked="" type="checkbox"/>
8.9.08	ID# CK#	JOE O'HEARN 6085 GREYWOOD CIR JOHNSTON, IA 50131		25.00	<input checked="" type="checkbox"/>
8.9.08	ID# CK#	TOM TIMMONS BOX 14 PRAIRIE CITY, IA 502338		100.00	<input checked="" type="checkbox"/>
8.9.08	ID# CK#	SUZANNE FONTANINI 2700 SW CAULDER AVE DM, IA 50321		150.00	<input checked="" type="checkbox"/>
8.9.08	ID# CK#	THOMAS VILSACK 429 - 51ST ST. DM, IA 50312		300.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 650.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A. MAURO

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8.14.08	ID# CK#	KAY CLARK 2151 - 350TH ST PLYMOUTH, IA 50464		\$25.00	<input checked="" type="checkbox"/>
8.14.08	ID# CK#	PETER RICCELLI 2601 E. LEACH AVE DM, IA 50320		150.00	<input checked="" type="checkbox"/>
8.14.08	ID# CK#	ED NAHAS 31701 SILVERADO LANE WAUKEE, IA 50263		150.00	<input checked="" type="checkbox"/>
8.14.08	ID# CK#	DAVID HURD 300 WALNUT ST. NO. 183 DM, IA 50309		600.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 925.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A. MAURO

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8.16.08	ID# CK#	WILLIAM SUEPPEL 122 S LINN ST. IOWA CITY, IA 52240		\$50.00	<input checked="" type="checkbox"/>
8.16.08	ID# CK#	FRANCIS ANANIA 3125 PARK PLAZA DR DM, IA 50315		100.00	<input checked="" type="checkbox"/>
8.16.08	ID# CK#	WILLIAM LILLIS 3000 PATRICIA DR DM, IA 50322		150.00	<input checked="" type="checkbox"/>
8.16.08	ID# CK#	CONNIE WIMER 100 - 4TH ST. DM, IA 50309		150.00	<input checked="" type="checkbox"/>
8.16.08	ID# CK#	JAMES COWNIE 141 37TH ST DM, IA 50312		300.00	<input checked="" type="checkbox"/>
8.16.08	ID# CK#	KEN SHUFELT 2625 VINE, NO. 107 WDM, IA 50265		100.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 850.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A MAURO

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8.19.08	ID# CK#	SONNA STRUYF 341 SE ROSE DM, IA 50315		\$50.00	<input checked="" type="checkbox"/>
8.19.08	ID# CK#	DEBRA MOORE 9725 AURORA AVE URBANDALE, IA 50322		150.00	<input checked="" type="checkbox"/>
8.19.08	ID# CK#	ROBERT BAUDINO 5410 SHRIVER AVE DM, IA 50312		300.00	<input checked="" type="checkbox"/>
8.19.08	ID# CK#	LINDA LANGENBERG 140 PARTRIDGE AVE MARION, IA 52302		300.00	<input checked="" type="checkbox"/>
8.19.08	ID# CK#	PATTY LINK 4129 FOREST AVE DM, IA 50311		600.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 1400.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

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<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A MAURO

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8.23.08	ID# CK#	KELLY LOW 2021 COOLIDGE ST NORWALK, IA 50211		\$25.00	<input checked="" type="checkbox"/>
8.23.08	ID# CK#	MARY JO HOFFMANS 6620 OLIVER SMITH DR URBANDALE, IA 50322		50.00	<input checked="" type="checkbox"/>
8.23.08	ID# CK#	LARRY LAND 6048 TERRACE DR JOHNSTON, IA 50131		50.00	<input checked="" type="checkbox"/>
8.23.08	ID# CK#	EILEEN HICKS 800 NORWEST 43RD AVE DM, IA 50313		50.00	<input checked="" type="checkbox"/>
8.23.08	ID# CK#	DELORES GIOFFREDI 4116 E 8TH ST DM, IA 50313		100.00	<input checked="" type="checkbox"/>
8.23.08	ID# CK#	DELMO PIAGENTINI 8021 GARRISON ROAD DM, IA 50325		150.00	<input checked="" type="checkbox"/>
8.23.08	ID# CK#	GERARD NEUGENT 4949 WESTOWN PKWY WDM, IA 50266		150.00	<input checked="" type="checkbox"/>
8.23.08	ID# CK#	WILLIAM KNAPP 4949 WESTOWN PKWY SUITE 200 WDM, IA 50266		600.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 1175.00	
TOTAL (If last page of this schedule)				\$	

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(for Schedule A)

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

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8.26.08	ID# CK#	PATRICIA UMTUN 11651 NW 121ST ST GRANGER, IA 50109		\$50.00	<input checked="" type="checkbox"/>
8.26.08	ID# CK#	CHUCK CELSI 7700 E GAINNEY RANCH RD UNIT 128 SCOTTSDALE, AZ 85258		100.00	<input checked="" type="checkbox"/>
8.26.08	ID# CK#	TOM SLOCKETT 629 BROWN ST IOWA CITY, IA 52245		150.00	<input checked="" type="checkbox"/>
8.26.08	ID# CK#	JO OLDSON 418 38TH PL DM, IA 50312		300.00	<input checked="" type="checkbox"/>
8.28.08	ID# CK#	ROSEMARY MOODY 5285 E OAKWOOD DR PLEASANT HILL, IA 50327		100.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 700.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A. MAURO

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
8.30.08	ID# CK#	ISABELLA MARTURELLO 3620 SW 9TH ST DM, IA 50315		\$25.00	<input checked="" type="checkbox"/>
8.30.08	ID# CK#	MARTY RYAN 2516 LYNNE DR DM, IA 50310		25.00	<input checked="" type="checkbox"/>
8.30.08	ID# CK#	MARY ANN BENNETT 8324 HAMMONTREE DR URBANDALE, IA 50322		50.00	<input checked="" type="checkbox"/>
8.30.08	ID# CK#	PETE MARASCO 3214 MAISH AVE DM, IA 50321		50.00	<input checked="" type="checkbox"/>
8.30.08	ID# CK#	MARY NEWELL 100 LINCOLN ST SE BOX 303 BONDURANT, IA 50035		75.00	<input checked="" type="checkbox"/>
8.30.08	ID# CK#	JOYCE PALETTA 4415 SW 31ST ST DM, IA 50321		100.00	<input checked="" type="checkbox"/>
8.30.08	ID# CK#	RICHARD MARGULIES 2100 WESTOWN PARKWAY SUITE 220 WDM, IA 50265		600.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 925.00	
TOTAL (if last page of this schedule)				\$	

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A. MAURO

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
9.2.08	ID# CK#	SAMUEL LETO 3115 SW 39TH ST DM, IA 50321		\$50.00	<input checked="" type="checkbox"/>
9.2.08	ID# CK#	ANTONIO COLACINO 4645 ELM ST WDM, IA 50265		100.00	<input checked="" type="checkbox"/>
9.2.08	ID# CK#	PAULEE LIPSMAN 2880 GRAND AVE NO. 106 DM, IA 50312		100.00	<input checked="" type="checkbox"/>
9.2.08	ID# CK#	PAT RENDA 3030 STANTON AVE DM, IA 50321		100.00	<input checked="" type="checkbox"/>
9.2.08	ID# CK#	SAM GILLOTTI 5905 S WINWOOD DR JOHNSTON, IA 50131		100.00	<input checked="" type="checkbox"/>
9.2.08	ID# CK#	RON CARZOLI 5208 CODY DR WDM, IA 50265		150.00	<input checked="" type="checkbox"/>
9.2.08	ID# CK#	LINDA LANGENBERG 140 PARTRIDGE AVE MARION, IA 52302		300.00	<input checked="" type="checkbox"/>
9.2.08	ID# CK#	MARILYN SPINA 2645 OVID AVE DM, IA 50317		100.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 1000.00	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A. MAURO

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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9.6.08	ID# CK#	FRANKIE COMPIANO 4022 SW 31ST ST DM, IA 50321		\$25.00	<input checked="" type="checkbox"/>
9.6.08	ID# CK#	CHARLE FUNARO 3012 MARYLYNN DR URBANDALE, IA 50322		30.00	<input checked="" type="checkbox"/>
9.6.08	ID# CK#	RICHARD CACCIATORE 3405 SE 4TH ST DM, IA 50315		35.00	<input checked="" type="checkbox"/>
9.6.08	ID# CK#	JULIE HAGGERTY 9916 TANGLEWOOD DR DM, IA 50322		100.00	<input checked="" type="checkbox"/>
9.9.08	ID# CK#	SHERRY MAHRENHOLZ 1325 BIRCH LN DM, IA 50315		25.00	<input checked="" type="checkbox"/>
9.9.08	ID# 596 CK# 004087	AFSCME/IOWA PUBLIC EMPLOYEES 4320 NW SECOND AVE. DM, IA 50313		400.00	<input checked="" type="checkbox"/>
9.9.08	ID# CK#	BONNIE CAMPBELL 3131 FLEUR DR APT. 702 DES MOINES, IA 50321		600.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 1215.00	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A. MAURO

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
9.11.08	ID# CK#	TOM SLATER 118 NORTHWOOD RD DM, IA 50312		\$150.00	<input checked="" type="checkbox"/>
9.11.08	ID# CK#	SCOTT HARRINGTON 1312 LOOMIS AVE DM, IA 50315		300.00	<input checked="" type="checkbox"/>
9.13.08	ID# CK#	TOM COURTNEY 2200 SUMMER ST BURLINGTON, IA 52607		20.00	<input checked="" type="checkbox"/>
9.13.08	ID# CK#	JIM CARNAHAN 2810 38TH ST. DM, IA 50310		20.00	<input checked="" type="checkbox"/>
9.13.08	ID# CK#	JOHN PASCUZZI 4200 SW 27TH ST. DM, IA 50321		25.00	<input checked="" type="checkbox"/>
9.13.08	ID# CK#	LOUIS GRAZIANO 2205 S 7TH DR. WDM, IA 50265		25.00	<input checked="" type="checkbox"/>
9.13.08	ID# CK#	ALBERT GRAZIANO 5712 SW 13TH ST. PL DM, IA 50315		25.00	<input checked="" type="checkbox"/>
9.13.08	ID# CK#	GINA FONTANINI 2700 CAULDER AVE DM, IA 50321		150.00	<input checked="" type="checkbox"/>
9.13.08	ID# CK#	RICHARD MARGULIES 2100 WESTOWN PARKWAY SUITE 220 WDM, IA 52065		600.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 1315.00	
TOTAL (if last page of this schedule)				\$	

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A. MAURO

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
9.15.08	ID# CK#	KRIS ROWEN 1414 8TH AVE SE ALTOONA, IA 50009		\$50.00	<input checked="" type="checkbox"/>
9.16.08	ID# CK#	JOHN CACCIATORE 1700 CASADY DR DM, IA 50315		20.00	<input checked="" type="checkbox"/>
9.16.08	ID# CK#	BONNIE THORN 5502 INGERSOLL AVE. DM, IA 50312		20.00	<input checked="" type="checkbox"/>
9.16.08	ID# CK#	JOHN TAPSCOTT 7364 JESUP INDIANOLA, IA 50125		20.00	<input checked="" type="checkbox"/>
9.16.08	ID# CK#	PHIL ROEDER 110 LINCOLN PLACE DR DM IA 50312		60.00	<input checked="" type="checkbox"/>
9.16.08	ID# CK#	DUSKY TERRY 355 NW LOCUST AVE EARLHAM, IA 50072		150.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 320.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A. MAURO

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
09.20.08	ID# CK#	ANN CLARY 495 S 51ST ST UNIT 21 WEST DES MOINES, IA 50265		\$20.00	<input checked="" type="checkbox"/>
09.20.08	ID# CK#	AMY HORMAN 7858 BOULDER CT WDM, IA 50266		20.00	<input checked="" type="checkbox"/>
09.20.08	ID# CK#	DONNA WHITNEY 10557 FOREST AVE CLIVE, IA 50325		20.00	<input checked="" type="checkbox"/>
09.20.08	ID# CK#	KEVIN TECHAU 1118 - 44TH ST. DES MOINES, IA 50311		25.00	<input checked="" type="checkbox"/>
09.20.08	ID# CK#	JEAN HESSBURG 1044 - 44TH ST. DM, IA 50311		40.00	<input checked="" type="checkbox"/>
09.20.08	ID# CK#	TIM URBAN 214 FOSTER DR DM, IA 50312		100.00	<input checked="" type="checkbox"/>
09.20.08	ID# CK#	CATHIE FEGLEY 3100 SW 38TH PL DM, IA 50321		100.00	<input checked="" type="checkbox"/>
09.20.08	ID# CK#	MIKE SMITH 3421 MORRISON ST NORTHWEST WASHINGTON, DC 20015		600.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 925.00	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A. MAURO

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9.23.08	ID# CK#	JANET HARRIS 12951 CLARK ST CLIVE, IA 50325		\$20.00	<input checked="" type="checkbox"/>
9.23.08	ID# CK#	SHARI FITZGERALD 726 N 34RD ST FORT DODGE, IA 50501		40.00	<input checked="" type="checkbox"/>
9.23.08	ID# CK#	DAVID PALMER 213 SW FLYNN DR ANKENY, IA 50023		50.00	<input checked="" type="checkbox"/>
9.23.08	ID# CK#	GEORGE DAVIS 3124 SW 29TH DM, IA 50321		150.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 260.00	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A. MAURO

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9.25.08	ID# CK#	LISA TUNKS 2601 E 39TH ST. DM, IA 50317		\$20.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	JANET BANNISTER 3660 GRAND AVE UNIT 640 DM, IA 50312		20.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	STEVEN WANDRO 2501 GRAND AVE STE B DM, IA 50312		20.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	RENE MCCARGAR 2913 N BIRCH AVE CUMMING, IA 50061		20.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	BARBARA POST ALTHAUS 1510 THOMPSON AVE DM, IA 50316		20.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	VIRGINIA ROWEN 3407 CROCKER DM, IA 50312		20.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	GARY RUNGE 3020 SW THORNTON AVE DM, IA 50321		20.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	BILL MCCOY 3127 SW 6TH ST DM, IA 50315		20.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	JAMES MURPHY 1928 SE 82ND ST RUNNELLS, IA 50237		20.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	JAMES PATCH 2803 STANTON DM, IA 50321		20.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 200.00

TOTAL (if last page of this schedule)

\$

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A MAURO

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9.25.08	ID# CK#	KEITH OLSON 3509 SW 44TH ST. DM, IA 50321		\$20.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	JOSEPH SHANNAHAN 2801 EP TRUE PKWY #703 WDM, IA 50265		20.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	GERARLDINE LAVIA 3106 BEAVER AVE DM, IA 50310		25.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	NANCY ANDREW 1407 LINDEN LANE DM, IA 50315		25.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	CYNTHIA FORBES 15215 ALPINE DR URBANDALE, IA 50322		25.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	JOHN SARCONI 3004 SW 39TH ST DM, IA 50321		25.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	FRANKIE COMPIANO 4022 SW 31ST DM, IA 50321		25.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	ELLEN CELSI 131 HARTFORD DM, IA 50315		25.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	WILLIAM KEISTER 1235 WEDGEWOOD DR COUNCIL BLUFFS, IA 51503		25.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	M BELTRAME 3409 SW 44TH PL DM, IA 50321		75.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 290.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A MAURO

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
9.25.08	ID# CK#	MARIAN HIGGINS 662 45TH ST. DM, IA 50312		\$25.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	DAVID SULLIVAN 7018 FRANKLIN AVE DM, AI 53022		25.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	MIKE HANSEN 4000 - 46TH ST. DM, IA 50310		30.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	FRANK TURSI 3830 THORNTON DM, IA 50321		30.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	BILL MCCARTHY 5201 SE 32ND ST. DM, IA 50320		30.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	JOANNE BURGESS 1165 NE 52ND AVE DM, IA 50313		30.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	PEGGY BENDIXEN 3607 SW 35TH ST DM, IA 50321		30.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	GRACE BARGSTATDT 3302 SW COURT AVE ANKENY, IA 50021		40.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	TOM FITZGERALD 658 45TH ST DM IA 50312		40.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	CARL WIEDERAENDERS 4312 KINGMAN BLVD DM, IA 50310		40.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 320.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A MAURO

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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9.25.08	ID# CK#	REGINA RUSSELL 2840 MILLER AVE DM, IA 50321		\$40.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	LAWRENCE BELTRAME 1115 CAULDER AVE DM, IA 50315		40.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	FRANK AFFANNATO 1128 22ND ST DM, IA 50311		40.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	GARY ASH 2334 E 34TH ST. DM, IA 50317		40.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	DOW BATES 3706 E 28TH ST DM, IA 53017		40.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	RICHARD GIBSON 2506 TERRACE RD DM, IA 50312		40.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	GEORGE APPLEBY 10163 NW 102ND ST CLIVE, IA 50325		40.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	MATT GANNON 400 WALNUT ST. APT 602 DM, IA 50309		40.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	MARY MOLLOY 2220 NW 72ND AVE ANKENY, IA 50023		50.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	DENNIS MURDOCK 1085 INDIAN CREEK CIR MARION, IA 52302		50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 420.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A MAURO

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9.25.08	ID# CK#	E. J. FERIN 3000 SUMMIT VISTA DR DM, IA 50321		\$50.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	EARL BRIDGEWATER 4117 SW 28TH ST DM, IA 50321		50.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	MARCIA ANDERSON 609 NW BOULDER BROOK DR ANKNEY, IA 50021		50.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	MARK WANDRO 8128 WILDEN DR URBANDALE, IA 50322		50.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	TOM HOCKENSMITH 3502 E 43RD CT. DM, IA 50317		50.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	RALPH MARASCO, JR 3401 EMMA AVE DM, IA 50321		50.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	JOHN CHIODO 2809 EMMA AVE DM, IA 50321		50.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	RHONDA DUNCAN 2509 W 10TH AVE INDIANOLA, IA 50125		50.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	LARRY LAND 6048 TERRACE DR JOHNSTON, IA 50131		50.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	JO ELLEN BIGELOW 8014 OAKWOOD DR DM, IA 50322		50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 500.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A MAURO

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
9.25.08	ID# CK#	JUANITA MARASCO 3009 SW 29TH ST DM, IA 50321		\$50.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	MOLLY CLAUSE 1684 MUELLER LANE WINTERSET, IA 50273		50.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	STEVEN FALCK 1305 LOCUST ST. #8 DM, IA 50309		50.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	JOSEPH LAKERS 3667 GRAND AVE UNIT 14 DM, IA 50312		50.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	DIANE RENZO 1232 CRESTON AVE DM, IA 50315		50.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	ELISABETH BUCK 896 POLK BLVD DM, IA 50312		50.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	TONY MAURO 3010 STANTON AVE DM, IA 50321		60.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	HARRY DAVIS 5884 DOGWOOD LANE JOHNSTON, IA 50131		60.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	JARRETT SCHNEIDER 308 KELLING ST RENWICK, IA 50577		60.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	JAMES LUCIA 3716 SE 12TH DM, IA 50315		70.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 550.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A MAURO

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
9.25.08	ID# CK#	STEVE CUNNINGHAM 6752 SE 32ND AVE PLEASANT HILL, IA 50327		\$75.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	JOHN TYLER 317 SE MARION DM, IA 50315		100.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	MAXINE FLAHERTY 506 THORNTON AVE DM, IA 50315		100.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	ARLINDA MCKEEN 13110 GREENBELT DR URBANDALE, IA 50322		100.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	TOM PATTERSON 6550 CENTER ST DM IA 50313		100.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	MATT PAUL 4146 COLLEGE AVE DM, IA 50311		100.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	GARY RANDA 3029 WOLCOTT AVE DM, IA 50321		100.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	SARAH REISSETTER 1437 ASH ST IOWA CITY, IA 52240		100.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	MATT MCCOY 110 35TH ST DM, IA 50312		100.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	BYRON MARTIN 4755 KIMBERLY LANE PLEASANT HILL, IA 50327		100.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 975.00

TOTAL (if last page of this schedule)

\$

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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9.25.08	ID# CK#	GARY DICKEY 3607 SE 18TH CT DM, IA 50320		\$100.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	BRUCE HUNTER 452 WILMERS AVE DM, IA 50315		100.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	JOE JONGEWAARD 4039 OVID AVE DM, IA 50310		100.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	KEN AGEY 3121 SW 32ND PL DM, IA 50321		100.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	KATHE BREHENY 3707 EMMA AVE DM, IA 50321		100.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	JAMIE FITZGERALD 3036 E DIEHL AVE DM, IA 50320		150.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	JULIE BENTERS-SORCI 7009 TENACITY LN JOHNSTON, IA 50131		150.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	FRANK CHIODO 3707 SW 35TH ST. DM, IA 50321		150.00	<input checked="" type="checkbox"/>
9.25.08	ID# 6107 CK# 3628	QWEST IPAC NO. 6107 925 HIGH ST 9S9 DM, IA 50309		150.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	DAVID ADELAMN 3841 GILMORE AVE DM, IA 50312		200.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 1300.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A MAURO

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9.25.08	ID# 6248 CK# 1145	AFSCME Local 1868 AFL-CIO Polk Co. Area Employees People Pact 6248 111 Court Ave., Room 100, DM, IA 50309		\$200.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	MATT MAURO 1333 SW CRESTON DM, IA 50315		200.00	<input checked="" type="checkbox"/>
9.25.08	ID# 6004 CK# 4834	Associated General Contractors of IA PAC 701 E Court Ave DM, IA 50309		500.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	PAM CONNER 2715 E 40TH ST. DM, IA 50317		600.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	ERNIE TALARICO III 333 N JEFFERSON ST UNIT 602 CHICAGO, IL 60661		600.00	<input checked="" type="checkbox"/>
9.25.08	ID# CK#	CRAWFORD LAW FIRM 1701 RUAN CENTER DM, IA 50309		1000.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 3100.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

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9.26.08	ID# CK#	GUIDO LEO 2907 SUMMIT VISTA DR DM, IA 50321		\$25.00	<input checked="" type="checkbox"/>
9.26.08	ID# CK#	JOYCE WATTERS 3105 ONONDAGA PT DM, IA 50321		40.00	<input checked="" type="checkbox"/>
9.26.08	ID# CK#	JOANNE SCHMELING 516 SE BROAD DM, IA 50315		50.00	<input checked="" type="checkbox"/>
9.26.08	ID# CK#	PATRICIA DANIELS 1345 BURLINGTON TERRACE DM, IA 50314		50.00	<input checked="" type="checkbox"/>
9.26.08	ID# CK#	JANET HEDBERG 1716 E 31ST. CT DM, IA 50317		100.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 265.00	
TOTAL (if last page of this schedule)				\$	

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A MAURO

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9.26.08	ID# CK#	VAL MASON 12971 NE 14TH ST ALLEMAN, IA 50007		\$20.00	<input checked="" type="checkbox"/>
9.26.08	ID# CK#	NICK IARIA 3420 SW 12TH PL DM, IA 50315		20.00	<input checked="" type="checkbox"/>
9.26.08	ID# CK#	KATHRYN HEDBERG RAMAKERS 1816 79TH ST WINDSOR HEIGHTS, IA 50322		20.00	<input checked="" type="checkbox"/>
9.26.08	ID# CK#	TIM GANNON 400 WALNUT #501 DM, IA 50309		20.00	<input checked="" type="checkbox"/>
9.26.08	ID# CK#	ROSEMARY MOODY 5285 E OAKWOOD DR PLEASANT HILL, IA 50327		25.00	<input checked="" type="checkbox"/>
9.26.08	ID# CK#	BECKY DEWEY 608 LEACH AVE DM, IA 50315		40.00	<input checked="" type="checkbox"/>
9.26.08	ID# CK#	LOU ANN LEMMO 1220 SW CRESTON DM, IA 50315		50.00	<input checked="" type="checkbox"/>
9.26.08	ID# CK#	UNITEMIZED CONTRIBUTIONS		115.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 310.00

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A MAURO

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10.02.08	ID# CK#	JAMES HAYES 1142 E COURT AVE IOWA CITY, IA 52240		\$500.00	<input checked="" type="checkbox"/>
10.04.08	ID# CK#	DARLENE TURSI 1336 BROAD DM, IA 50315		40.00	<input checked="" type="checkbox"/>
10.04.08	ID# CK#	JULIE FLEMING 1139 46TH ST. DM, IA 50311		50.00	<input checked="" type="checkbox"/>
10.04.08	ID# CK#	JONATHAN WILSON 2924 DRUID HILL DR DM, IA 50315		100.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 690.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A MAURO

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10.11.08	ID# CK#	BRAD WINTERBOTTOM 4728 - 95TH ST DM, IA 50322		\$25.00	<input checked="" type="checkbox"/>
10.14.08	ID# CK#	TIFFANY COMPIANO 6680 EAGLE RIDGE DR JOHNSTON, IA 50131		50.00	<input checked="" type="checkbox"/>
10.21.08	ID# CK#	KATHY HAMRE 14146 PINNACLE PT. DR CLIVE, IA 50325		150.00	<input checked="" type="checkbox"/>
10.22.08	ID# CK#	FRED LOCK 725 54TH ST DM, IA 50312		25.00	<input checked="" type="checkbox"/>
10.22.08	ID# 6133 CK# 1023	South Central IA Federation of Labor 300 E LOCUST #120 DM, IA 50309		200.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 450.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

MONETARY RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE TO ELECT MICHAEL A. MAURO

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
12.30.08	ID# CK#	DEBRA BELLINGHAUSEN 840 290TH ST. BRITT, IA 50423		\$25.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 25.00	
TOTAL (if last page of this schedule)				\$ 26,500.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A. MAURO

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
2.15.08	ID# CK#	PAM CONNER 2715 E 40TH ST. DM, IA 50317	REIMBURSEMENT FOR POSTAGE STAMPS	\$ 26.00
2.20.08	ID# CK#	CHASE PO BOX 94014 PALATINE, IL 60094	SEE SCHEDULE B ITEM #1	35.67
3.26.08	ID# CK#	Variety Childrens Charity PO BOX 1937 DM, IA 50305	CHARITABLE CONTRIBUTION	52.00
3.26.08	ID# CK#	SOUTHSIDE YMCA 401 E ARMY POST RD DM, IA 50315	CHARITABLE CONTRIBUTION	50.00
4.23.08	ID# CK#	CHASE PO BOX 94014 PALATINE, IL 60094	SEE SCHEDULE B ITEM #2	36.11
5.2.08	ID# CK#	Polk County Democrats 5661 Fleur Dr Des Moines, IA 50321	CONTRIBUTION	250.00
5.29.08	ID# CK#	CHASE PO BOX 94014 PALATINE, IL 60094	SEE SCHEDULE B ITEM #3	76.30
6.18.08	ID# CK#	CHASE PO BOX 94014 PALATINE, IL 60094	SEE SCHEDULE B ITEM #4	148.17
SUB-TOTAL				\$ 674.25
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MIHCAEL A. MAURO

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6.26.08	ID# 9098 CK#	IOWA DEMOCRATIC PARTY 5661 FLEUR DR DES MOINES, IA 50321	CONTRIBUTION	\$ 500.00
7.10.08	ID# CK#	Lisa Kuzela Flood Relief Fund 2750 Ridgeview Way Marion, IA 52302	CHARITABLE CONTRIBUTION	100.00
7.17.08	ID# CK#	SCORNOVACAA'S 1930 SE 14TH ST DM, IA 50320	CAMPAIGN MEETING	105.21
7.18.08	ID# CK#	CHASE PO BOX 94014 PALATINE, IL 60094	SEE SCHEDULE B ITEM #5	324.12
7.18.08	ID# CK#	CARTER PRINTING 1739 E GRAND AVE DM, IA 50316	CAMPAIGN ENVELOPES	370.55
7.29.08	ID# CK#	US POSTMASTER 1165 - 2ND AVE DM, IA 50309	POSTAGE FOR MAILING	198.99
8.12.08	ID# CK#	BINDERY 1, INC. PO BOX 335 DM, IA 50316	PRINTING & MAILING FUNDRAISING LETTER	224.88
8.12.08	ID# CK#	US POSTMASTER 1165 2ND AVE DM, IA 50309	POSTAGE FOR MAILING	84.00
SUB-TOTAL				\$ 1907.65
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A. MAURO

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8.14.08	ID# CK#	CARTER PRINTING 1739 E GRAND AVE DM, IA 50309	TICKETS & FLIERS FOR FUNDRAISER	\$ 228.43
8.19.08	ID# CK#	CHASE PO BOX 94014 PALATINE, IL 60094	SEE SCHEDULE B ITEM # 6	49.92
8.29.08	ID# CK#	KMART 2535 HUBBELL AVE DM, IA 50317	PARADE CANDY	37.03
9.2.08	ID# CK#	US POSTMASTER 1165- 2ND AVE DM, IA 50309	POSTAGE FOR MAILING	294.00
9.6.08	ID# CK#	National Ataxia Fundraiser 5335 Merle Hay Rd. PMB300 JOHNSTON, IA 50131	CHARITABLE CONTRIBUTION	100.00
9.16.08	ID# CK#	CHASE PO BOX 94014 PALATINE, IL 60094	SEE SCHEDULE B ITEM # 7	139.01
9.25.08	ID# CK#	TOM FORMARO 3739 SW 34TH ST DES MOINES, IA 50321	REIMB: LETTUCE & DRESSing	133.00
9.25.08	ID# CK#	GRAZIANO'S 1601 S. UNION DES MOINES, IA 50315	MEAT, CHEESE & PRODUCE FOR FUNDRAISER	592.43
SUB-TOTAL				\$ 1573.82
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9.25.08	ID# CK#	DOROTHY MAURO 4325 SW 31ST ST. DM, IA 50321	REIMBURSEMENT: DECORATIONS FOR FUNDRAISER	\$ 27.72
9.25.08	ID# CK#	PAM CONNER 2715 E 40TH ST. DM, IA 50317	REIMBURSEMENT: NAPKINS, SILVERWARE, BOWLS, CAKES & BUTTER FOR FUNDRAISER	158.08
10.06.08	ID# CK#	ST ANTHONY'S 15 INDIANOLA RD DM, IA	CHARITABLE CONTRIBUTION	1000.00
10.22.08	ID# CK#	CHASE PO BOX 94014 PALATINE, IL 60094	SEE SCHEDULE #8	284.76
11.25.08	ID# CK#	CHASE PO BOX 94014 PALATINE, IL 60094	SEE SCHEDULE # 9	466.82
11.25.08	ID# CK#	CARTER PRITING 1739 E GRAND DM, IA 50316	PRINTING HOLIDAY CARDS	433.54
12.02.08	ID# CK#	US POSTMASTER 1165 2ND AVE DM, IA	STAMPS - HOLIDAY CARDS	210.00
12.19.08	ID# CK#	CHASE PO BOX 94014 PALATINE, IL 60094	SEE SCHEDULE # 10	187.47
SUB-TOTAL				\$ 2768.39
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A. MAURO

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
12.19.08	ID# CK#	MARISA STADLMAN 3105 EP TRUE PKWWY APT 44 WDM, IA 50265	UPDATE WEBSITE	\$ 150.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 150.00
TOTAL (if last page of this schedule)				\$ 7,074.11

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

COMMITTEE TO ELECT MICHAEL A. MAURO - SCHEDULE B ITEMIZED - JANUARY 1 - DECEMBER 31, 2008

ITEM #	DATE	PAYABLE TO	TOTAL \$	AMOUNT	VENDOR	DESCRIPTION
#1	02.20.08	CHASE	\$35.67	\$35.67	Latin King	Campaign Meeting
#2	04.23.08	CHASE	\$36.11	\$36.11	Principal Park Club House	Campaign Meeting
#3	05.29.08	CHASE	\$76.30	\$76.30	Tumea & Sons	Campaign Meeting
#4	6.18.08	CHASE	\$148.17	\$128.58 \$10.60 \$8.99	Tumea & Sons High Life Blue Domino	Campaign Meeting Campaign Meeting Web Page Charges
#5	7.18.08	CHASE	\$324.12	\$41.04 \$70.00 \$23.72 \$19.99 \$113.40 \$55.97	Tumea & Sons The Continental Adventureland Inn Restaurant Village Inn Blue Domino Café Baratta's	Campaign Meeting Campaign Meeting Campaign Meeting Campaign Meeting Web Page Renewal Campaign Meeting
#6	8.19.08	CHASE	\$49.92	\$49.92	Latin King	Campaign Meeting
#7	9.16.08	CHASE	\$139.01	\$46.11 \$10.99 \$51.75 \$30.16	Principal Park Club House McDonalds Bordenaros Pizza The Continental	Campaign Meeting Traveling for Campaign Campaign Meeting Campaign Meeting
#8	10.22.08	CHASE	\$284.76	\$53.78 \$47.25 \$104.41 \$41.52 \$37.80	Claxon's Smoke House Rest. Kum & Go Mezzodi's QT Tumea & Sons	Campaign Meeting Gas - Traveling for Campaign Campaign Meeting Gas - Traveling for Campaign Campaign Meeting
#9	11.25.08	CHASE	\$466.82	\$30.97 \$39.08 \$31.45	Country Kitchen HyVee Gas HyVee Gas	Traveling for Campaign Traveling for Campaign Traveling for Campaign

			\$209.88	Portrait Innovations	Picture for Campaign Holiday Card
			\$13.13	Gateway Market	Campaign Meeting
			\$28.84	Drake Diner	Campaign Meeting
			\$27.75	Kum & Go	Traveling for Campaign
			\$85.72	Tumea & Sons	Campaign Meeting
#10	12.19.08	187.47	\$59.00	Bordenaro's Pizza	Campaign Meeting
			\$34.82	Mezzodi's	Campaign Meeting
			\$93.65	Hanks Oyster Bar	Campaign Meeting

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A. MAURO

Reset Form

SCHEDULE

E

(Rev. 06/97)

IN-KIND
CONTRIBUTIONS☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
9.25.08	Ned Chiodo 2913 Southern Hills Circle Des Moines, IA 50321	none	Hosting Fundraiser	\$ 2,500.00	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$	2,500.00

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.